

# **EXHIBIT “A”**

ABS-7 (5/1) Page 1 of 2 Pages

New York State Department of Motor Vehicles

## POLICE ACCIDENT REPORT

MV-104A (6/04)

SPFF29000082

 AMENDED REPORT

DMV COPY

19  
7

1	Accident Date Month Day Year 02 14 2013	Day of Week Thu	Military Time 14:36	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	20 6		
VEHICLE 1										21		
2	Vehicle 1 - Driver License ID Number 491879925 Driver Name - exactly as printed on license RALO, CAITLIN H				State of Lic. NY		Vehicle 2 - Driver License ID Number 133478177 Driver Name - exactly as printed on license MAHER, JUSTIN T				22	
	Address (Include Number & Street) 5 WHITE ST APT 2				Apt. No.		Address (Include Number & Street) 1 FIFTH STREET					
3	Date of Birth Month Day Year 08 12 1981	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input type="checkbox"/>	Date of Birth Month Day Year 04 28 1993	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	23 8	
4	Name - exactly as printed on registration QUALITY BUS SERVICE, LLC, Address (Include Number & Street) 504 RT 42 PO BOX 600				Apt. No. Haz Mat Code <input type="checkbox"/>		Name - exactly as printed on registration MAHER, JUSTIN T Address (Include Number & Street) 1 FIFTH STREET					
5	City or Town SPARROWBUSH				State Zip Code NY 12780		City or Town GODEFFROY				24 5	
6	Plate Number 5517IBA	State of Reg. NY	Vehicle Year & Make 2003 FRHT	Vehicle Type BUS	Registration N8CM1437	State of Reg. NY	Vehicle Year & Make 1995 HOND	Vehicle Type 2DSD	Ins. Code 054			
7	Ticket/Areast Number(s) M2121MV3B5					Ticket/Areast Number(s) Violation Section(s) 11924C					25 3	
V	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long;				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long;				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.			
E	<input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				<input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Front End	Right Angle	Right Turn	Head On
H	<input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				<input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				SideSwipe (same direction)	Right Turn	Sideswipe (opposite direction)	
I	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage				ACCIDENT DIAGRAMS			
C	Enter up to three more Damage Codes	3	4	5	Center impact more damage codes	3	4	5	6	7	8	
L	Vehicle By HOCKENBERRY'S Towed To HOCKENBERRY'S				Vehicle By HOCKENBERRY'S Towed To HOCKENBERRY'S				See the second page for the accident diagram			
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER												
Reference Marker Latitude/Northing: 530848				Place Where Accident Occurred: County ORAN <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of DEERPARK, TOWN OF				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No				
8 3 0 1 Longitude/Easting: 4585172				Road on which accident occurred PEENPACK TRL at 1) intersecting street ROUTE 209 or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Foot Miles _____ (Mile post, nearest intersecting Route Number or Street Name)				28 1				
Accident Description/Officer's Notes V1 NORTH ON STATE 209 AND MAKES A LEFT TURN ONTO PEENPACK TRAIL IN FRONT OF V2 WHICH WAS TRAVELING SOUTH ON STATE ROUTE 209. WITNESSES STATE THEY OBSERVE V1 STOP ON STATE 209 THEN BEGIN TURNING LEFT ONTO PEENPACK TRAIL FAILING TO YIELD RIGHT-OF-WAY TO V2. WITNESS LYLE VANDUNK STATES V2 WAS APPROXIMATELY 50 YARDS NORTH OF PEENPACK TRAIL JUST PRIOR TO V1 TURNING LEFT. - WITNESS 1 VANDUNK.												

29

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31

use  
cover  
sheet

N

ALL INVOLVED	B	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
	A	01	1	4	1	31	F	-	-	-	RALO, CAITLIN H				
	B	02	1	X	1	19	M	12	X	2	9993	5905	MAHER, JUSTIN T		
	C	01	3	I	1	11	F	-	-	-			DONLEY, KIARA		
	D														
	E														
	F														
Officer's Rank and Signature Trooper <i>[Signature]</i>	Badge/ID No.	NCIC No.	Predict/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed									
Print Name in Full D. Quinones	3823	13501	F2	21	SMITH, DANIEL	04/15/2013 21:18									

This is to certify that this document is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.

*Barbara J. Festa*  
COMMISSIONER OF MOTOR VEHICLES

**POLICE ACCIDENT REPORT**

MV-104A (6/04)

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1	Accident Date Month Day Year	Day of Week Thu	Military Time 14:36	No. of Vehicles 2	No. Injur 1
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## VEHICLE 1

2	VEHICLE 1 - Driver License ID Number	State of Lic.
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Driver Name - exactly as printed on license

Address (Include Number & Street) Apt. No.

City or Town State Zip Code

3	Date of Birth Month Day Year	Sex <input type="checkbox"/>	Unlicensed <input type="checkbox"/>	No. of Occupants <input type="checkbox"/>	Public Property Damaged <input type="checkbox"/>
---	---------------------------------	---------------------------------	--	--	---

Name - exactly as printed on registration Sex Date of Birth Month Day Year

Address (Include Number & Street) Apt. No. Haz Mat Released

City or Town State Zip Code

Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Plate Num

Ticket/Amt  
Number(s) Ticket/Amt  
Number(s)

Violation Section(s) Violation Section(s)

Check if involved vehicle is:  
 more than 95 inches wide;  
 more than 34 feet long;  
 operated with an overweight permit;  
 operated with an overdimension permit.

Check if involved vehicle is:  
 more than 95 inches wide;  
 more than 34 feet long;  
 operated with an overweight permit;  
 operated with an overdimension permit

VEHICLE 1 DAMAGE CODES

C Box 1 - Point of Impact 1 2  
L Box 2 - Most Damage  
E Enter up to three more Damage Codes 3 4 5

Vehicle By Towed To

VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE 17. DEMOLISHED

15. TRAILER 18. NO DAMAGE

16. OVERTURNED 19. OTHER

12

Cost of repairs to any one vehicle will be more than \$1000.

Unknown/Unable to Determine  Yes  No

Reference Marker Coordinates (if available) Place Where Accident Occurred:

2 0 9 Latitude/Northing: ORAN  City  Village  Town of DEERPARK, TOWN OF

530848

8 3 0 1 Longitude/Easting: PINEPACK TRL

at 1) intersecting street ROUTE 209

2 0 3 2 or 2) Foot Miles

(Route Number or Street Name)

4585172 (Route Number or Street Name)

(Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes

LYLE 379 RINGWOOD AVENUE WONAGUE NJ 07465 2017095825 - WITNESS 2 STARR, WILLIAM 30 JONES ROAD PINE

BUSH NY 8456996879

30

ALL INVOLVED

8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only

A

B

C

D

E

F

Officer's Rank and Signature Trooper *[Signature]*

Print Name in Full D Quinones

Badge/ID No. NCIC No. Precinct/Post Troop/Zone Station/Beat/Sector Reviewing Officer Date/TIME Reviewed

3823 13501 F2 21 SMITH, DANIEL 04/15/2013 21:18

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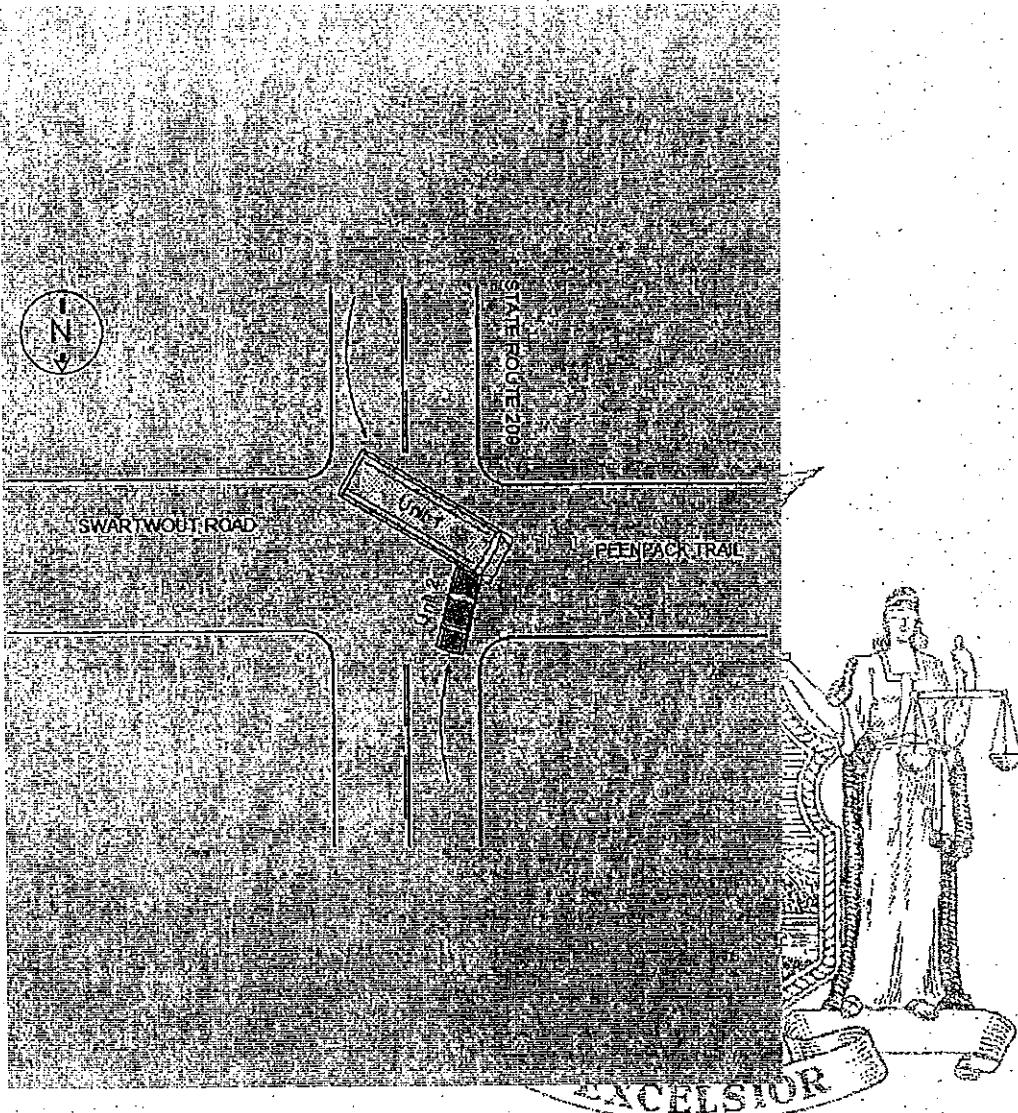
This is to certify that this document is a true and complete copy of a record on

file in the New York State Department of Motor Vehicles, Albany, New York.

Barbara J. Zule

COMMISSIONER OF MOTOR VEHICLES

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*Barbara J. Luisa*  
COMMISSIONER OF MOTOR VEHICLES